

P3-249 NSCLC: Surgery Posters, Wed, Sept 5 – Thur, Sept 6 P3-250 NSCLC: Surgery Posters, Wed, Sept 5 – Thur, Sept 6

Surgery of T4 lung cancer tumors with vertebral involvement

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Background: Surgery is a radical treatment in lung cancer, and the only one that can change the natural evolution of this disease. In resected patients, the main prognostic factor is the complete resection and the mediastinal nodes affectation (N2). Surgical treatment in advanced stages is not clearly defined, but it is known that patients with locally advanced stages (T3-T4) that can be treated with complete surgical resection have better prognosis than those in which mediastinal dissemination of the disease exists.

Patients with direct vertebral invasion present a 2-year survival rate of 15%. Adjuvant chemotherapy (CT) and radiotherapy (RT) and advances in techniques for vertebral fixation allow a complete resection with good long-term results. (The survival at two year is 55%)

We present a review of 4 lung cancer patients with vertebral invasion treated surgically by the Department of Thoracic Surgery and Traumatology in our hospital.

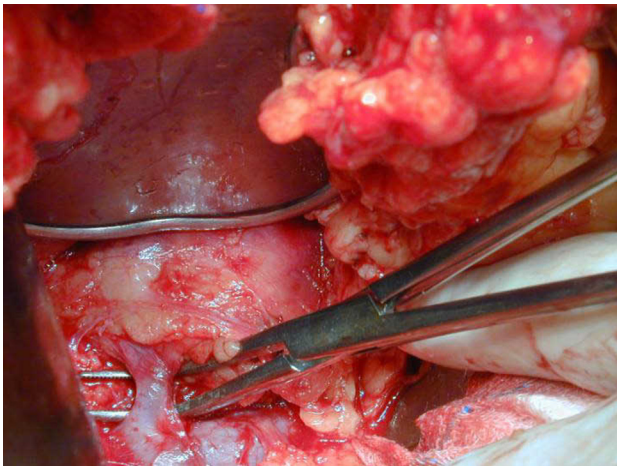
Methods: Between 2000 and 2006, 4 male patients with an average age of 50 years (range: 43-55 years) underwent surgical treatment. In all the patients the tumor was located in the superior pulmonary lobes, affecting costal archs and vertebral bodies. In 2 of them the pathological diagnostic was positive for adenocarcinoma, and the other two were positive for large cell carcinoma.

Results: All the patients were treated with postoperative CT and RT. Prone decubitus position was used in 3 of the cases during the surgical procedure. In one patient a complete exeresis of 2 vertebral bodies was performed. All the patients are alive, and one of them has been a 5-year disease- free survival.

Patient	Age	Surgery	Survival
1	55	RSL + total vertebrectomy D3-D4 + 2-3-4 CA	85 months
2	49	LSL + hemivertebrectomy D2 + 1-2-3 CA	37 months
3	44	RSL + hemivertebrectomy D1 + 1-2-3 CA	26 months
4	56	RSL + hemivertebrectomy D3-D4 + 1-2-3-4 CA	60 months

Table 1.

Conclusions: Surgical treatment of lung cancer with vertebral involvement is indicated in selected cases, in patients with a good general state, negative N2 and possibility of complete resection.



Adrenalectomy for metastases from lung cancer

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Background: The surgery is the treatment of lung cancer. In cases of unique adrenal metastases, the surgical resection obtains better survival (of patients) than Chemotherapy treatment. The prevalence of adrenal metastases in resectable pulmonary tumors in different series varies between 1.6% and 3.5%. We made a retrospective study of 18 operated patients in Vall d' Hebrón Hospital between October of 1996 and March of 2007. The objective was to select patient subgroups most likely to benefit from adrenalectomy surgery like the multimodal treatment.

Methods: 18 patients are included with an average age of 54.94 years. Pathological diagnostic was positive for adenocarcinoma in 13 patients. All of them were negative N2. In one case the adrenal metastases were bilateral, contralateral in seven cases and in 10 of them they were ipsilateral to the pulmonary tumor. The adrenal glands were removed through a subcostal incision or by videolaparoscopy. As regards to postoperative complications, a case of pneumonia and paralytic ileus appeared.

Results: The patients with synchronous metastases have a median survival of 33 months. Patients with metacronic metastases have a median survival of 25,73 months and a median disease free survival of 15 months.

In our serie the 5 year survival is 40%.

Conclusions: Surgical treatment of lung cancer patients and solitary adrenal metastasis improves survival of patients.

It is surgery that presents very few complications.

It is only indicated in selected cases in which metastatic disease does not exist in other locations.

